

## 2020 Scholarship Program

### Guidelines

Fitness Premier is pleased to provide a scholarship opportunity to a local student with the Annual FP Cares Scholarship Program. Under the program, ten (10) \$1,000 scholarships will be awarded to seniors attending high school in one of the communities we serve. We hope to provide assistance to a student athlete who will be attending a 2 or 4 year institution after their graduation from high school.

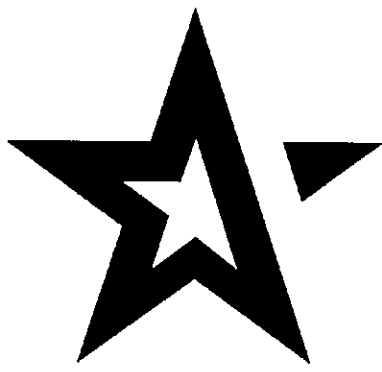
Please fill out the application below and return a completed copy to the Director of Counseling.

#### Program Guidelines & Priorities:

- \* Seeking graduating seniors with a record of good sportsmanship on and off the field or court.
- \* Applicants must have a minimum GPA of 3.0, and plan to attend a 2 or 4 year college or technical school.
- \* Scholarship funds will be paid in May 2020 directly to the scholarship winner.
- \* Applicants must have the endorsement of their Guidance Counselor or Coach on their application attesting they are a qualified fit for this scholarship program. Application deadline is **April 10, 2020** by 4:00 p.m.

The applications will be reviewed and recipients selected by a committee consisting of volunteers from Fitness Premier. The scholarship recipients will be notified in late April 2020.

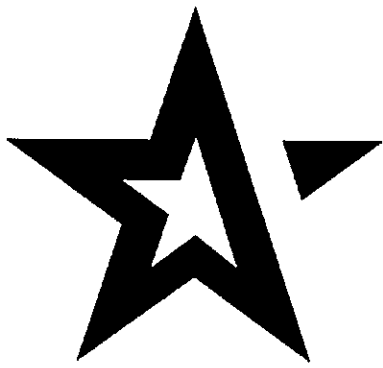
Please submit any questions to: [sgorman@fitnesspremierclubs.com](mailto:sgorman@fitnesspremierclubs.com)



# FP CARES SCHOLARSHIP

## SCHOLARSHIP APPLICATION 2020

Please <b>print or type</b> your answers.	
1.	Last Name: _____ First Name: _____
2.	Mailing Address Street: _____ City: _____ State: _____ Zip: _____
3.	Daytime Telephone Number: (     ) _____ Email Address: _____
4.	Date of Birth:   Month                  Day                  Year                  Gender: _____
5.	Cumulative Grade Point Average (GPA): _____ (On a 4.0 scale) Attach proof of GPA. Your most recent school transcript is required.
7.	Name and location of High School attending: _____
8.	<b>(If your resume or activities sheet answers question 8, please attach and skip to Question 9.)</b> A. List any academic honors, awards and membership activities while in high school:  B. List your hobbies, outside interests, extracurricular activities and school related volunteer activities:  C. List your non-school sponsored volunteer activities in the community:
9.	A. If you have decided on what college you will attend, please list school name:  B. If not, list your top 3 college choices:
10.	Name & address of parent(s) or legal guardian(s): <b>(Include address if different than your own listed in Question 2.)</b> Name(s) : _____ Street: _____ City: _____ State: _____ Zip: _____  Home phone of parents or legal guardians: _____ Work phone: _____



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**11. On a separate sheet please write an essay (250 - 500 words) answering the questions below:**

Describe how being part of a team has positively impacted your life. Also, discuss in your essay about any challenges or obstacles you have dealt with and overcome in life and how this will help you succeed in college and beyond.

## STATEMENT OF ACCURACY FOR STUDENTS

I hereby affirm that all the above stated information provided by me is true and correct to the best of my knowledge. I also consent that if chosen as a scholarship winner my picture may be taken and used to promote the scholarship program. (Winner may waive photo due to unusual or compelling circumstances.)



# FP CARES SCHOLARSHIP

I hereby understand that if chosen as a scholarship winner, according to FP Cares, I must be present at any potential awards ceremony, surprise, or reception in June 2020 to receive my scholarship award.

I hereby understand I will not submit this application without all required attachments and supporting information. Incomplete applications or applications that do not meet eligibility criteria will not be considered for this scholarship.

**Signature of scholarship applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## STATEMENT OF SUPPORT BY GUIDANCE COUNSELOR

I hereby affirm that this application meets the criteria set forth by this scholarship program and that I support this application to FP Cares.

Name of Guidance Counselor submitting the application: \_\_\_\_\_

High School: \_\_\_\_\_

Contact information (email and phone): \_\_\_\_\_

**Signature of Guidance Counselor:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Checklist

- Application
- Essay
- Resume/Activity Sheet
- Guidance Counselor signature
- School Transcript

### REMINDER:

**The deadline for this application to be received is:  
April 10, 2020 by 4:00 p.m. NO EXCEPTIONS!**